2021 W-2 and EARNINGS SUMMARY



Employee Reference Copy Wage and Tax Statement OMB No. Copy C for employee's records.
d Control number Dept.

Employer use only

Employer's name, address, and ZIP code

029411 BOST/AGB

CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

200

Batch #01247

e/f Employee's name, address, and ZIP code SHIRISHKUMAR NELLORE 400 GREENLAWN DR APT E6 COLUMBIA SC 29209

	-					
b		yer's FED ID number 33-0867496	a Emple			A number X-4242
1	1 Wages, tips, other comp.		2 Feder	al	income	tax withheld
		26292.04				1673.97
3	3 Social security wages		4 Socia	l s	ecurity	tax withheld
		26292.04				1630.11
5	5 Medicare wages and tips		6 Media	ar	e tax wi	
		26292.04				381.23
7	Socia	security tips	8 Alloc	ate	d tips	
9			10 Deper	nde	ent care	benefits
11	Nonq	ualified plans	12a See in			
			12b			5201.30
14	Other		12c	<u></u>		
			12d	i		
			13 Stat er	np.	Ret plan	3rd party sick par
15	State	Employer's state ID no 255283071	. 16 State	W	ages, tip	es, etc. 26292.04
17	State	1069.74	18 Local	w	ages, tip	os, etc.
19	Local	income tax	20 Local	itν	name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	SC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	26,533.84	26,533.84	26,533.84	26,533.84
Less Other Cafe 125	241.80	241.80	241.80	241.80
Reported W-2 Wages	26,292.04	26,292.04	26,292.04	26,292.04

2. Employee Name and Address.

SHIRISHKUMAR NELLORE 400 GREENLAWN DR APT E6 COLUMBIA SC 29209

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1 Wages, tips, other comp. 26292.04 3 Social security wages 26292.04		2 Federa	l income to	x withheld 1673.97
		4 Social security tax withheld 1630.11		
5 Medicare wages and 2629	Medicare wages and tips 26292.04		6 Medicare tax withheld 381.2	
d Control number	Dept.	Corp.	Employ	er use only
029411 BOST/AGB	200		Α	959
c Employer's name, a CYIENT IN 99 EAST	NC			

EAST HARTFORD CT 06108

b Employer's FED ID number 33-0867496	a Employee's SSA number XXX-XX-4242		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 DD 5201.30		
14 Other	12b		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay		

SHIRISHKUMAR NELLORE 400 GREENLAWN DR APT E6 COLUMBIA SC 29209

15 State SC	Employer's state ID no. 255283071	16 State wages, tips, etc. 26292.04	
17 State income tax 1069.74		18 Local wages, tips, etc.	
19 Loca	l income tax	20 Locality name	

Federal Filing Copy Wage and Tax Statement

-1-1				1673.97
3 Social security wages 26292.04		4 Social security tax withheld 1630,11		
		6 Medica	are tax with	hheld 381.23
ontrol number	Dept.	Corp.	Employ	er use only
11 BOST/AGB	200		Α	959
4	Medicare wages and 2629 Control number 411 BOST/AGB	Medicare wages and tips 26292.04	Medicare wages and tips 26292.04 6 Medicare wages and tips 26292.04 Corp.	Medicare wages and tips 6 Medicare tax with 26292.04 Corp. Employ 411 BOST/AGB 200 A

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99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

b	Employer's FED ID number 33-0867496	a Employee's SSA number XXX - XX - 4242
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD 5201.30
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

SHIRISHKUMAR NELLORE 400 GREENLAWN DR APT E6 COLUMBIA SC 29209

	oyer's state ID no 83071	. 16 State wages, tips, etc. 26292.04
17 State incom	e tax 1069.74	18 Local wages, tips, etc.
19 Local incom	e tax	20 Locality name

SC.State Reference Copy Wage and Tax Statement

1	Wages, tips, other comp. 26292.04		2 Federal income tax withheld 1673.97			
3	Social security wages 26292.04		4 Social security tax withheld 1630,11			
5	Medicare wages and 2629		6	Medica	re tax wit	hheld 381.23
d	Control number	Dept		Corp.	Emplo	yer use only
02	9411 BOST/AGB	200			Α	959
С	Employer's name, ad	ldress, a	nd	ZIP cod	e	

CYIENT INC 99 EAST RIVER DR 5TH FL EAST HARTFORD CT 06108

b	Employer's FED ID number 33-0867496	a Employee's SSA number XXX - XX - 4242
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a DD ₁ 5201.30
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pa

SHIRISHKUMAR NELLORE 400 GREENLAWN DR APT E6 COLUMBIA SC 29209

15 State SC	Employer's state ID no. 255283071	16 State wages, tips, etc. 26292.04
17 State	1069.74	18 Local wages, tips, etc.
19 Local	income tax	20 Locality name

SC.State Filing Copy Wage and Tax Statement